FORM'D

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB Approva |
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FORM D

am 292008 NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** 

SEC USE ONLY Prefix

DATE RECEIVED

Washington, DC Washillton 101 ฦดิก

Filing Under (Check box(es) that apply): Rule 504

1. Enter the information requested about the issuer

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)

UNIFORM LIMITED OFFERING EXEMPTION

Rule 506

A. BASIC IDENTIFICATION DATA

Section 4(6)

Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)

Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Hampshire Equity Partners III, L.P., 520 Madison Avenue, 33rd Floor, New

Impact Management Incentive Holding, LLC

Impact Management Incentive Holding, LLC

■ Amendment

Telephone Number (It. (212) 453-1706

Telephone Number (Including Area Code)

☐ ULOE

Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same as above

same as above

**Brief Description of Business** 

Type of Filing: New Filing

Holding Company Type of Business Organization

corporation imited partnership, already formed business trust limited partnership, to be formed

other (please specify Limited Liability Company

Month Actual or Estimated Date of Incorporation or Organization:\* 0 Vear

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction)

IHOMSON RELITERS

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

|  | A. BASIC IDENTIFI   | CATION DATA         |              |                                      |  |  |  |  |
|--|---|---------------------|--------------|--------------------------------------|--|--|--|--|
| 2. Enter the information requested for the following:  |   |                     |              |                                      |  |  |  |  |
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>  |   |                     |              |                                      |  |  |  |  |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;        |   |                     |              |                                      |  |  |  |  |
|  | • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and |                     |              |                                      |  |  |  |  |
| Each general and managing partner of partnership issuers.  |   |                     |              |                                      |  |  |  |  |
| Check Box(es) that Apply:   Promoter   | ⊠ Beneficial Owner  | ☐ Executive Officer | ☐ Director   | ☐ General and/or<br>Managing Partner |  |  |  |  |
| Full Name (Last name first, if individual)  Harbal II, John F.   |   |                     |              |                                      |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Hampshire Equity Partners III, L.P., 520 Madison Avenue, 33rd Floor, New York, NY 10022 |   |                     |              |                                      |  |  |  |  |
| Check Box(es) that Apply:  Promoter  | ☑ Beneficial Owner  | ☐ Executive Officer | ☐ Director   | General and/or Managing Partner      |  |  |  |  |
| Full Name (Last name first, if individual)  Irwin, John T.   |   |                     |              |                                      |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Hampshire Equity Partners III, L.P., 520 Madison Avenue, 33rd Floor, New York, NY 10022 |   |                     |              |                                      |  |  |  |  |
| Check Box(es) that Apply:  Promoter  | ■ Beneficial Owner  | ☐ Executive Officer | ☐ Director   | General and/or Managing Partner      |  |  |  |  |
| Full Name (Last name first, if individual)  Beery, Jeffrey G.  |   |                     |              | , , ,                                |  |  |  |  |
| Business or Residence Address (Number and S<br>c/o Hampshire Equity Partners III   |   |                     | k, NY 10022  |                                      |  |  |  |  |
| Check Box(es) that Apply:  | ☑ Beneficial Owner  | ☐ Executive Officer | ☐ Director   | General and/or Managing Partner      |  |  |  |  |
| Full Name (Last name first, if individual)  Paul, Brian A.   |   |                     |              |                                      |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Hampshire Equity Partners III, L.P., 520 Madison Avenue, 33rd Floor, New York, NY 10022 |   |                     |              |                                      |  |  |  |  |
| Check Box(es) that Apply:  Promoter  | ⊠ Beneficial Owner  | ☐ Executive Officer | ☐ Director   | General and/or Managing Partner      |  |  |  |  |
| Full Name (Last name first, if individual)  Daschner, John H.  |   |                     |              | · <del></del>                        |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Hampshire Equity Partners III, L.P., 520 Madison Avenue, 33rd Floor, New York, NY 10022 |   |                     |              |                                      |  |  |  |  |
| Check Box(es) that Apply:  Promoter  | ☐ Beneficial Owner  | ☐ Executive Officer | Director     | General and/or Managing Partner      |  |  |  |  |
| Full Name (Last name first, if individual)   |   |                     |              |                                      |  |  |  |  |
| Business or Residence Address (Number and S  | Street, City, State, Zip Code)  |                     |              |                                      |  |  |  |  |
| Check Box(es) that Apply: Promoter   | ☐Beneficial Owner   | ☐Executive Office [ |              | eral and/or<br>ng Partner            |  |  |  |  |
| Full Name (Last name first, if individual)   |   |                     | <del>.</del> |                                      |  |  |  |  |
| Business or Residence Address (Number and S  | Street, City, State, Zip Code)  |                     | -            |                                      |  |  |  |  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| B. INFORMATION ABOUT OFFERING  |          |            |              |              |           |            |             |         |      |      |      |      |                                      |             |         |
|--|----------|------------|--------------|--------------|-----------|------------|-------------|---------|------|------|------|------|--------------------------------------|-------------|---------|
|  |          |            |              |              |           |            | Yes         | No<br>⊠ |      |      |      |      |                                      |             |         |
| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.  |          |            |              |              |           |            |             |         |      |      |      |      |                                      |             |         |
|  |          |            |              |              |           |            |             | •       |      |      |      |      |                                      |             |         |
| 2. What is the minimum investment that will be accepted from any individual?   |          |            |              |              |           |            |             |         |      |      |      |      |                                      |             |         |
| 3. Does the offering permit joint ownership of a single unit?  |          |            |              |              |           |            |             | No<br>□ |      |      |      |      |                                      |             |         |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) |          |            |              |              |           |            |             |         |      |      |      |      |                                      |             |         |
| Full Na  | ame (Las | t name ti  | rst, 11 inc  | dividual)    |           |            |             |         |      |      |      |      |                                      |             |         |
| Busine   | ss or Re | sidence A  | ddress (     | Number a     | and Stree | t, City, S | tate, Zip   | Code)   |      |      |      |      |                                      |             |         |
| Name (   | of Assoc | iated Bro  | ker or D     | ealer        |           |            |             |         |      |      |      |      |                                      | <del></del> |         |
|  |          |            |              |              |           |            |             |         |      |      |      |      |                                      |             |         |
|  |          |            |              |              |           |            | olicit Pure |         |      |      |      |      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 🖂 All S     | States  |
| [AL]   | [AK]     | [AZ]       | [AR]         | [CA]         | [CO]      | [CT]       | (DE)        | [DC]    | (FL) | [GA] | [HI] | [ID] |                                      |             | Jul 100 |
| [IL]   | [IN]     | [IA]       | [KS]         | [KY]         | [LA]      | [ME]       | [MD]        | [MA]    | [MI] | [MN] | [MS] | [MO] |                                      |             |         |
| [MT]   | [NE]     | [NV]       | [NH]         | [NJ]<br>ITYI | [NM]      | [NY]       | [NC]        | [ND]    | (OH) | [OK] | [OR] | (PA) |                                      |             |         |
| [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]  Full Name (Last name first, if individual)   |          |            |              |              |           |            |             |         |      |      |      |      |                                      |             |         |
| Tan rame (Base name 1104 it morrisam)  |          |            |              |              |           |            |             |         |      |      |      |      |                                      |             |         |
| Busine   | ss or Re | sidence A  | Address (    | Number a     | and Stree | t, City, S | tate, Zip   | Code)   |      |      |      |      |                                      |             |         |
| Name of Associated Broker or Dealer  |          |            |              |              |           |            |             |         |      |      |      |      |                                      |             |         |
|  |          |            |              |              |           |            | olicit Pur  |         |      |      |      |      |                                      | D All:      | States  |
| [AL]   | [AK]     | [AZ]       | [AR]         | [CA]         | [CO]      | [CT]       | [DE]        | [DC]    | [FL] | [GA] | (HI) | [ID] |                                      |             |         |
| [IL]   | [IN]     | [IA]       | [KS]         | [KY]         | [LA]      | [ME]       | [MD]        | [MA]    | [MI] | [MN] | [MS] | [MO] |                                      |             |         |
| [MT]   | [NE]     | [NV]       | [NH]         | [נא]         | [NM]      | [NY]       | [NC]        | [ND]    | [OH] | [OK] | [OR] | [PA] |                                      |             |         |
| [RI]   | [SC]     | [SD]       | [TN]         | [TX]         | [UT]      | [VT]       | [VA]        | [WA]    | [WV] | [WI] | [WY] | [PR] |                                      |             |         |
| Full Na  | ame (Las | it name ti | irst, if inc | dividual)    |           |            |             |         |      |      |      |      | •                                    |             |         |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |          |            |              |              |           |            |             |         |      |      |      |      |                                      |             |         |
| Name of Associated Broker or Dealer  |          |            |              |              |           |            |             |         |      |      |      |      |                                      |             |         |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)   |          |            |              |              |           |            |             |         |      |      |      |      |                                      |             |         |
| [AL]   | [AK]     | [AZ]       | [AR]         | [CA]         | [CO]      | [CT]       | [DE]        | [DC]    | [FL] | [GA] | [HI] | [ID] |                                      |             |         |
| [IL]   | [IN]     | [lA]       | [KS]         | [KY]         | [LA]      | (ME)       | [MD]        | [MA]    | [MI] | [MN] | [MS] | [MO] |                                      |             |         |
| [MT]   | [NE]     | [NV]       | [NH]         | [NJ]         | [NM]      | [NY]       | [NC]        | [ND]    | [OH] | [OK] | [OR] | [PA] |                                      |             |         |
| [RI]   | [SC]     | [SD]       | [TN]         | [TX]         | (UT)      | (VT)       | [VA]        | [WA]    | [WV] | [WI] | [WY] | (PR) |                                      |             |         |

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|            | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A   | ND USE OF PRO               | CEEDS                                |
|------------|--|-----------------------------|--------------------------------------|
| 1.         | Enter the aggregate offering price of securities included in this offering and the total amount  |                             |                                      |
|            | "none" or "zero". If the transaction is an exchange offering, check this box ☐ and indicate  | in the columns below        | v the amounts of th                  |
|            | securities offered for exchange and already exchanged.   |                             |                                      |
|            | Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold               |
|            | Debt   | \$                          | \$                                   |
|            | Equity   | \$                          | \$                                   |
|            | ☐ Common ☐ Preferred   |                             |                                      |
|            | Convertible Securities (including warrants)  | <b>\$</b>                   | \$                                   |
|            | Partnership Interests  | s                           | \$                                   |
|            | Other (Specify)- Limited Liability Company Interests   | \$239,268                   | \$239,268                            |
|            | Total  | \$                          | \$239,268                            |
|            | Answer also in Appendix, Column 3, if filing under ULOE.   | \$ <u>207,200</u>           | 9 <u>2074200</u>                     |
| 2          | Enter the number of accredited and non-accredited investors who have purchased securities  | a in this offering and      | the economic delle                   |
| ۷.         | amounts of their purchases. For offerings under Rule 504, indicate the number of person aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" of  | is who have purchase        |                                      |
|            |  | Number<br>Investors         | Aggregate Dollar Amount of Purchases |
|            | Accredited Investors   | 7                           | \$239,268                            |
|            | Non-accredited Investors   |                             | \$ <u>255,208</u>                    |
|            | Total (for filings under Rule 504 only)  |                             | \$                                   |
|            | Answer also in Appendix, Column 4, if filing under ULOE.   |                             | J                                    |
| ,          | •••  | المراجع ومنات               |                                      |
| <i>J</i> . | If this filing is for an offering under Rule 504 or 505, enter the information requested for a offerings of the types indicated, in the twelve (12) months prior to the first sale of securities i listed in Part C-Question 1.  |                             |                                      |
|            | Type of Offering   | Type of                     | Dollar Amount                        |
|            | D 1 404  | Security                    | Sold                                 |
|            | Rule 505   |                             | \$                                   |
|            | Regulation A   |                             | \$                                   |
|            | Rule 504   |                             | \$                                   |
|            | Total  |                             | \$                                   |
| 4.         | a. Furnish a statement of all expenses in connection with the issuance and distribution o amounts relating solely to organization expenses of the issuer. The information may be given amount of an expenditure is not known, furnish an estimate and check the box to the left of the | n as subject to future of   |                                      |
|            | Transfer Agent's Fees  |                             | \$                                   |
|            | Printing and Engraving Costs   |                             | <b>s</b>                             |
|            | Legal Fees   |                             | \$10,000                             |
|            | Accounting Fees  |                             | \$                                   |
|            | Engineering Fees   |                             | \$                                   |
|            | Sales Commissions (specify finders' fees separately)   |                             | \$                                   |
|            | Other Expenses (identify)  |                             | \$                                   |
|            | Total  |                             | \$10,000                             |

| response to Part C-Question 4.a. This difference i   | is the "adjusted gross proceeds to the issuer | ." \$ <u>229,268</u>       |                            |
|--|---|----------------------------|----------------------------|
| <ol> <li>Indicate below the amount of the adjusted gross p<br/>the amount for any purpose is not known, furnish<br/>listed must equal the adjusted gross proceeds to th</li> </ol> | an estimate and check the box to the left of  | of the estimate. The       | total of the payments      |
|  |   | Payments to Officers,      |                            |
|  |   | Directors & Affiliates     | Payments To<br>Others      |
| Salaries and fees  |   | □ <b>\$</b>                | □ \$                       |
| Purchase of real estate  |   | □ <b>\$</b>                | <b>\$</b>                  |
| Purchase, rental or leasing and installation o   | f machinery and equipment                     | □ \$                       | <b>S</b>                   |
| Construction or leasing of plant buildings an  | d facilities                                  | <b>\$</b>                  | □ \$                       |
| Acquisition of other businesses (including the offering that may be used in exchange for the   | e assets or securities of another issuer      |                            |                            |
| pursuant to a merger)  |   | □ <b>\$</b>                | □ \$                       |
| Repayment of indebtedness  |   | □ \$                       | □ \$                       |
| Working capital  |   | □ \$                       | □ \$                       |
| Other (specify): acquisition of interest   |   | □ \$                       | <b>⊠</b> \$ <u>269,268</u> |
| Column Totals  |   | <b>⊠</b> \$ <u>269,268</u> |                            |
| Total Payments Listed (column totals added)  |   | 🗵 \$ <u>2</u>              | <u>269,268</u>             |
| D  | . FEDERAL SIGNATURE                           |                            |                            |
| The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the request of its staff, the information furnished by the is             | issuer to furnish to the U.S. Securities and  | Exchange Commission        | on, upon written           |
| Issuer (Print or Type)   | Signature                                     | Date:                      |                            |
| Impact Management Incentive Holding, LLC   | Jeffrey G. Breey                              | July & Ď                   | 2008                       |
| Name of Signer (Print or Type)   | Title of Signer (Print or Type)               |                            |                            |
| Jeffrey G. Beery   | Secretary                                     |                            |                            |
|  |   |                            |                            |
|  |   | EN                         | 1D                         |
|  | ATTENTION                                     |                            |                            |
| Intentional misstatements or omissions of i  |   | ations. (See 18 U          | .S.C. 1001.)               |
|  |   |                            |                            |